



FINANCIAL ASSISTANCE APPLICATION

This application is for financial assistance at Hope for the Trail Therapeutic Horsemanship (HFTT). The information will be kept confidential and will be made available only to the HFTT Scholarship Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted. **Please note that the 'Applicant' is the individual who will be riding or receiving the lessons.**

A) Information about Applicant:

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Has Applicant earned any income in the last 2 years? _____ If so, state all sources of Applicant's income for the last 2 years:

(If minor or incapacitated person) Parent or Legal Guardian Name(s): _____

Please list all persons who regularly provide financial support to Applicant:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____



B) Information About the Person Filling out this Application:

Name: _____ Relationship to Applicant: _____

Best Way to Reach You about this Application: _____

C) Information about Persons Providing Financial Support to Applicant

The following Information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.

Name: _____ Relationship to Applicant: _____

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Best way to contact: _____

List all persons dependent upon your income:

Name	Age	Relationship	Reside with you?



Please identify below any other information or circumstances you wish the Scholarship Committee to consider with this Application:

What percent of Financial Assistance are you requesting? 25% _____ 50% _____ 75% _____

Please complete the attached worksheet. Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: _____ Date: _____



Hope for the Trail Financial Assistance Worksheet	
Monthly Household Income	Net Amount
Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Net Monthly Total	
Monthly Household Expenses	
Rent/Mortgage	
Car(s)	
Fuel/Transportation Cost	
Insurance	
Food	
Childcare	
Uninsured Medical	
Utilities	
Educational	
Child Support/Alimony	
Other:	
Net Monthly Total	

****** Please state the NET amount for both the Income and Expenses.**